

County: Outagamie  
GOOD SHEPHERD HOME  
607 BRONSON ROAD

Facility ID: 3940

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SEYMOUR 54165 Phone: (920) 833-6856  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 96  
Total Licensed Bed Capacity (12/31/01): 96  
Number of Residents on 12/31/01: 87

Ownership:  
Highest Level License:  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 93

Nonprofit Church/Corporation  
Skilled

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		40.2
Supp. Home Care-Personal Care	No					1 - 4 Years		44.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.0	More Than 4 Years		14.9
Day Services	No	Mental Illness (Org./Psy)	18.4	65 - 74	3.4			-----
Respite Care	No	Mental Illness (Other)	3.4	75 - 84	47.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	35.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.7	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	3.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	5.7		100.0	(12/31/01)		
Other Meals	Yes	Cardiovascular	12.6	65 & Over	92.0	-----		
Transportation	No	Cerebrovascular	31.0		-----	RNs		13.7
Referral Service	No	Diabetes	1.1	Sex	%	LPNs		8.5
Other Services	Yes	Respiratory	4.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	19.5	Male	32.2	Aides, & Orderlies		
Mentally Ill	No		-----	Female	67.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi- dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)
Int. Skilled Care	0	0.0	0	1	2.1	130	0	0.0	0	35	100.0	204	0	0.0	0	2	100.0	355	43.7
Skilled Care	3	100.0	286	45	95.7	110	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	48	55.2
Intermediate	---	---	---	1	2.1	91	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	1.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	3	100.0		47	100.0		0	0.0		35	100.0		0	0.0		2	100.0	87	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	9.9	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.9	Bathing	1.1	88.5	10.3	87
Other Nursing Homes	9.0	Dressing	10.3	82.8	6.9	87
Acute Care Hospitals	72.1	Transferring	25.3	65.5	9.2	87
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	16.1	78.2	5.7	87
Rehabilitation Hospitals	0.0	Eating	66.7	27.6	5.7	87
Other Locations	8.1	*****				
Total Number of Admissions	111	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	3.4	Receiving Respiratory Care		9.2
Private Home/No Home Health	29.9	Occ/Freq. Incontinent of Bladder	40.2	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.9	Occ/Freq. Incontinent of Bowel	13.8	Receiving Suctioning		0.0
Other Nursing Homes	6.0			Receiving Ostomy Care		0.0
Acute Care Hospitals	4.3	Mobility		Receiving Tube Feeding		3.4
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	2.3	Receiving Mechanically Altered Diets		20.7
Rehabilitation Hospitals	0.0					
Other Locations	12.8	Skin Care		Other Resident Characteristics		
Deaths	46.2	With Pressure Sores	4.6	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	6.9	Medications		
(Including Deaths)	117			Receiving Psychoactive Drugs		50.6

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.4	89.4	1.08	85.1	1.13	84.3	1.14	84.6	1.14
Current Residents from In-County	69.0	82.7	0.83	80.0	0.86	82.7	0.83	77.0	0.90
Admissions from In-County, Still Residing	24.3	25.4	0.96	20.9	1.16	21.6	1.13	20.8	1.17
Admissions/Average Daily Census	119.4	117.0	1.02	144.6	0.83	137.9	0.87	128.9	0.93
Discharges/Average Daily Census	125.8	116.8	1.08	144.8	0.87	139.0	0.91	130.0	0.97
Discharges To Private Residence/Average Daily Census	38.7	42.1	0.92	60.4	0.64	55.2	0.70	52.8	0.73
Residents Receiving Skilled Care	98.9	93.4	1.06	90.5	1.09	91.8	1.08	85.3	1.16
Residents Aged 65 and Older	92.0	96.2	0.96	94.7	0.97	92.5	0.99	87.5	1.05
Title 19 (Medicaid) Funded Residents	54.0	57.0	0.95	58.0	0.93	64.3	0.84	68.7	0.79
Private Pay Funded Residents	40.2	35.6	1.13	32.0	1.26	25.6	1.57	22.0	1.83
Developmentally Disabled Residents	0.0	0.6	0.00	0.9	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	21.8	37.4	0.58	33.8	0.65	37.4	0.58	33.8	0.65
General Medical Service Residents	19.5	21.4	0.91	18.3	1.07	21.2	0.92	19.4	1.01
Impaired ADL (Mean)	42.1	51.7	0.81	48.1	0.87	49.6	0.85	49.3	0.85
Psychological Problems	50.6	52.8	0.96	51.0	0.99	54.1	0.94	51.9	0.97
Nursing Care Required (Mean)	5.6	6.4	0.88	6.0	0.93	6.5	0.86	7.3	0.76